Instructions for Commercial Driver Training Instructor's Certificate Application

First Time Applicants

- 1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
- 2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
- 3. Fingerprint Cards:
 - (a) One (1) set of fingerprints (2 cards) of each digit of the right and left hands.
 - (b) An affidavit from a state, county, or city officer, qualified to make such fingerprints, that the fingerprints are those of the applicant.
 - (c) A \$24.00 money order, certified check, or cashier's check made payable to Georgia Bureau of Investigation G.B.I. to cover the fingerprint processing fee.
- 4. A lab report, from an accredited lab, that shows the results of a drug test.
- 5. Have the enclosed Medical Examination Report completed and signed by your doctor.
- 6. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
- 7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
- 8. A \$30.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover both the application and examination fee.
- 9. Complete the Consent for Background Investigation Form and have notarized.
- 10. Contact Ms. Nancy Sexton at (678) 413-8731 to schedule a date for the instructor's exam.

Renewal Applications

- 1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
- 2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filing this application.
- 3. A lab report, from an accredited lab, that shows the results of a drug test.
- 4. Have the enclosed Medical Examination Report completed and signed by your doctor.
- 5. A Motor Vehicle Report (MVR). If you have been licensed in a state other than Georgia in the past five (5) years, you must obtain an MVR that state(s). Three (3) year MVR's will not be accepted.
- 6. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application. This step may be omitted if applicant is the owner of the school.
- 7. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover both the application and examination fee.
- 8. Complete the Consent for Background Investigation Form and have notarized.

Transfer Applications

- 1. Complete, in entirety, the application and all attachments. Do not leave any questions or sections blank. A Notary Public must notarize this application.
- 2. Include one (1) photograph showing a full view of the face, neck, shoulders, and uncovered head. The photograph must be taken within thirty (30) days of filling this application.
- 3. Attach old instructors certificate to this application. (If it has not been turned in to previous school.)
- 4. Have the enclosed Medical Examination Report completed and signed by your doctor.
- 5. A lab report, from an accredited lab, that shows the results of a drug test.
- 6. A \$5.00 money order, certified check, or cashier's check made payable to Georgia Department of Driver Services to cover the transfer fee.
- 7. A notarized statement from the owner of the school that the applicant is or will be employed by the school named on the application.
- 8. Complete the Consent for Background Investigation Form and have notarized.

Georgia Department of Driver Services

2206 East View Parkway • P.O. Box 80447 • Conyers, GA 30013

Commercial Driver Training Instructor Application

Check the Type of App	lication:	First-Time Applicant	Renew	al 🗌 Trans	sfer
Applicant's Information					
Applicant's Full Name:					
Applicant's Full Name:				(Middle)	
Residence Address:	(Street)	(City)		(State)	(Zip)
Mailing Address:				(State)	(Zip)
				, ,	
Home Telephone #: _(<u></u>	Work or Ce	ellular: <u>(</u>)	
E-Mail Address:	Date of Birth:				
Height: Weig	ight: Weight: Color of Hair: Color of Eyes:				
Address of school:	erring from whe	ere applicable:			
Driving and License Histo	<u> pry</u>				
Do you possess a current G	Seorgia Driver's	s License? Yes No.			
Driver's License #:		Number of yea	ars licensed in	Georgia:	
Have you ever been license	ed in any other	state? Yes No.			
If yes, what state?		For how long we	re licensed in	that state:	

Driving and License History Continued Have you ever have a Driver's license revoked, suspended, cancelled, or denied in Georgia or any other state? ☐ Yes ☐ No. If so, when and where? Provide date for each occurrence: Have you been re-licensed since that time? ☐ Yes ☐ No. If so, give date of re-licensing: Have you ever been convicted of a traffic violation? Yes No. If so, when? What offense? Location of offense? More than once? \square Yes \square No. Have you ever been involved as a driver in an automobile accident? \(\subseteq \text{Yes} \subseteq \text{No.} \) If yes, give date of accident: Any fatalities? Yes No. Any Injuries? Yes No. Location of accident: Have you ever been convicted of fraud or fraudulent practices in relation to securing a license to drive a motor vehicle? Yes No. If yes, give particulars: **Background Information** Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? Yes No. What were the charge(s)? When: _____ Where: _____ Are there any proceedings pending against you relative to any crime, misdemeanors, or violations? Yes No. If so, give particulars: Have you ever been addicted to narcotic drugs or intoxicating liquor? ☐ Yes ☐ No. If so, are you in total abstinence? Tyes No. How long have you been drug free? Have you ever been a patient in or committed to an institution for the treatment of alcohol or drug addiction? Yes No. If so, date(s)? Name and location of institute:

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Background Informa	tion Continued			
Give date of relea	se or last treatment:			
Do you have a relative	e employed by the Georgia [Department of Dr	river Services? TY6	es 🗌 No.
If yes, give name	yes, give name Position:			
Relationship:				
Educational Record				
School	Name and Loca	ation	Years Attended	Credits or Diplomas
High School				
College				
Vocational School				
Other				
	have worked in the Trucking			
Under penalty	for perjury, I do hereby swea d any statements made in c	ar or affirm that tl onnection therew	he information conta vith, are complete, tru	ined within this
		Signature of Ap	pplicant	Date
Sworn to befor	re me this	day of		
Notary Public				Seal Required
Commission E	xpires			

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATE OF APPROVAL

AFFIDAVIT

Have the Official that takes your fingerprints sign and date this affidavit

STATE OF GEORGIA		
COUNTY OF		
I do solemnly swear (or affirm) that	t the attached fingerprints	s are those of the applicant named herein:
		Signature of Official Taking Fingerprints
		Name of Above Official's Agency
		Date of Fingerprinting
NOTE: BEFORE SENDING IN TH	IE FINGERPRINT CARI	OS, BE SURE TO FILL IN THE FOLLOWING:
☐ F ☐ N ☐ <i>F</i>	Residence Place of Birth Nationality Age Date of Birth Race	Height Weight Color of Hair Color of Eyes Social Security Number Citizenship

The fingerprint card without the forgoing information will not be accepted.

OFFICE USE ONLY FILE NUMBER: OFICE USE ONLY	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND DRIVER'S HIST P F CRIMINAL HIST P F	OFFICE USE ONLY
	Department of Driver	r Services	
2206 I	East View Parkway, P.O. Box 80	0447, Conyers, GA 300	
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State (GA License Required) Georgia	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Improvement School and Services (DDS). I underst give consent for the DDS hold such a certificate. I certificate denial, cancella Under penalty for perjury	ertificate (to operate a Comrd/or to become an Instructor) and that my criminal history and to conduct whatever investigation, suspension, or revocation and the consent of	to be issued by the ad driver's history will be ations necessary to de ding, or incomplete information and possible criminal or that the information rewith, are complete, to	Department of Driver be checked, and hereby termine my eligibility to formation may result in I and civil prosecution.
Signature		С	Date
Subscribed to and sworn	before me:		SEAL OR STAMP
Notary Signature	Date		
My commission expires:			
	Return form to the Regulator	y Compliance Unit	

IMPORTANT NOTICE TO INSTRUCTORS

Background Investigation:

The G.B.I., F.B.I, and a DDS Investigator will conduct a full and complete background investigation before any instructor's license is issued.

No license will be issued to any applicant who has been <u>convicted</u> of: any felony, violence, dishonesty, deceit, fraud, indecency or moral turpitude.

If you have been arrested for any of the above, but not convicted, you will be asked to submit a copy of the disposition from the courts. If you have received a pardon you will need to provide evidence of the pardon.

Driving History Investigation:

Your driving history will also be investigated before any instructor's license is issued.

No instructor's license will be issued if:

- Your driver's license was suspended for any reason within one (1) year of making application.
- Your driver's license was suspended for two (2) or more times within five (5) years of making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere for any <u>mandatory</u> suspension offense (see below) within one (1) year prior to making application.
- You have plead guilty, had a bond forfeiture, or a nolo contendere to two (2) or more mandatory suspension offenses (see below) with five years prior to making application.

Drivers License Mandatory Suspension Offenses (If Convicted)

- Homicide by vehicle.
- A conviction for driving under the influence of alcohol or drugs.
- Any felony in the commission of which a motor vehicle is used.
- Using a motor vehicle in fleeing or attempting to elude an officer.
- Fraudulent or fictitious use of, or application for a license.
- Hit and run or leaving the scene of an accident.
- Racing.
- Failure to maintain liability insurance coverage (No Fault).
- Refusal to take a chemical test for intoxication, then your license will be suspended for 12 months.
- Failure to maintain minimum liability coverage of any automobile which you may own or operate.
- Conviction for driving without insurance is a 60/90-day suspension.
- If convicted for driving while license is suspended, revoked or canceled, your driver license will be further suspended for six months.
- Failure to appear in court or respond to a citation.
- Possession, distribution, manufacture, cultivation, sale or transfer of a controlled substance or marijuana.
- Accumulation of 15 points within 24 months under the point system, including violations committed outof-state.